

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575618

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1		51	52	53	54	55	56
1	1		1		1								
2		1		1									
3		2		1									
4		2		1									
5		2		1									
6		2		1									
7		2		1									
8		2		1									
9	(1)			1									
10	(1)			1									
11	(1)			1									
12	(1)			1									
13	(1)			1									
14	(1)			1									
15	(1)			1									
16	(1)			1									
17	(1)			1									
18	(1)			1									
19	(1)			1									
20	(1)			1									
21	(1)			1									
22	(1)			1									
23	(1)			1									
24	(1)			1									
25	(1)			1									
26	(1)			1									
27	(1)			1									
28	(1)			1									
29	(1)			1									
30	(1)			1									
31	(1)			1									
32	1			1									
33	1			1									
34	1												
35	1												
36	1												
37	(1)												
38	(1)				1								
39	(1)				1								
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	6		↓	3		↓	0		↓	0		0	↓
TOTAL DEP.	39	←		32	←		0	←		0	←	0	←
TOTAL CLAIMS	45			35			0			0		0	